## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INTTALS	ID.	NO.	DATE	
FEE DETERMINATION		(5		129	<u>-</u>
O.I.P.E. CLASSIFIER		100	5,9	8-31	4
FORMALITY REVIEW		6890	4	811-99	
INDEX OF CLAIMS					
Rejected N					
=	Allow	ed	l	Interference	
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Claim Date	Claim	Date	<del></del> _	Claim Date	
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2 1 0	7 52			102	
3	53	╂┼┼┼┼┼	╒┼┼┼┤┞	103	<del>                                     </del>
5	55			106	
6	56			106	<del>                                     </del>
8	58	╫╌┼╌┼╌	╒╫╃┼┤┞	108	
9 0	59			109	
10 0	60		┝┼┼┼┼	110	++++
11 0	62			112	
13 0/	63			113	++++
14	64		<del>┡╶┧═</del> ╂╶╂═┦╴┞	114	++++
16 0/	66			116	
17	67		<del>╎</del> ┼┼┼┤╎	117	
18 0	(69)		<del>├─┼─┼</del> ┤	119	
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(21)	71 72 7	<sub> </sub>	<del>╎╎</del> ┼┼┼┤╎	121	++++
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24	74			124	++++
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26	77			127	
28	78			128	╁┼┼┼┤
30	79	++++	╁┼┼┼┤	130	
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33 34	83	++++		134	
35	85			135	
36	86	┼┼┼╌	+++	137	++++
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40	90	++++	+++	140	++++
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43	93			143	++++
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147	97 98	++++	++++	147	++++
48 49 49 49	99	+++-+		149	
50 -	100			150	

If more than 150 claims or 10 actions staple additional sheet here

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